IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Billy Cook DATE 9-19-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 309 East Side Dr. _____

_____ S. R. No. _____

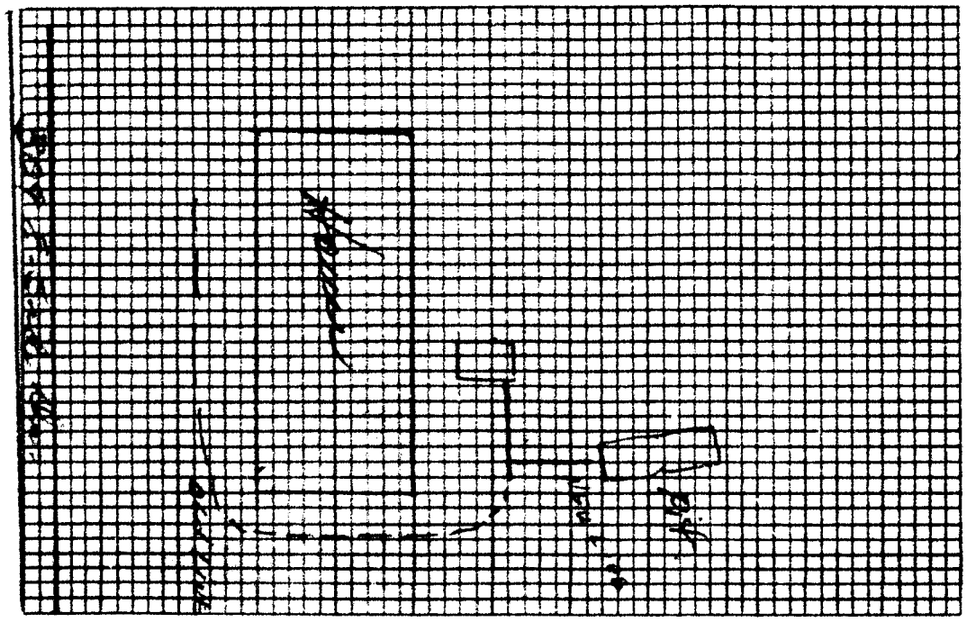
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	_____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	_____
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Fairly
Site Suitable	Yes ( )	No ( )	Depth to Water Table	_____
			Rock or other impervious formations	_____

Lot Area _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 5 X 10 X 10'

No. of Lines _____

Sq. Ft. _____ Linear Ft. 50

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (X)

Installed by Henry Sugman

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 9/19/74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold